HELP US DO IT BETTER

FG45

Purpose: *This form gives any client or staff member of OCTEC the opportunity to provide suggestions for how we can improve our services and operations. If you have an idea or suggestion, jot it down and post it in, place in the suggestion box or hand to an OCTEC staff member. You can do this anonymously, but if you provide your name, it means we can get back to you for more information or to provide feedback.*

Your name: _____ *(optional)*

Your connection with OCTEC:

☐ Jobseeker ☐ Training Participant ☐ Advocate/Carer ☐ Employer ☐ Staff Member

Your contact details *(optional)***:**

Address:	
Phone Number(s):	

Your suggestion or idea *(you can attach further details if you need more space)***:**

_____

_____

_____

_____

_____

OCTEC service or program that suggestion relates to:

☐ Disability Employment Services ☐ ParentsNext ☐ Transition to Work ☐ Training Services

☐ Youth Services ☐ Huntley Berry Farm ☐ Other *(please specify)*: _____

Further details, e.g. location, name of course, etc.: _____

OCTEC Use Only:

Date Received: ____/_____/_____ **Who/How Received:** _____

Consideration by OCTEC Manager – forum suggestion referred to:

☐ Senior Management Meeting ☐ Program Specific Management Meeting, e.g. DES RM Meeting

☐ Program Specific Team Meeting, e.g. Training Services Team Meeting ☐ Site/ESA Meeting

OCTEC Manager: _____ _____ ___/___/___

Name Signature Date

Date recorded on CI Register: ____/____/_____ *(To be completed by Senior Manager)*

Please forward a copy of form to CEO or Deputy CEO